# BOARD OF COUNTY COMMISSIONERS
## AGENDA ITEM SUMMARY

Meeting Date: MARCH 16, 2005

Division: TDC

Bulk Item: Yes  X      No ___

Department:_____

Staff Contact Person:  Maxine Pacini

**AGENDA ITEM WORDING:**
Approval of revision to the Monroe County Tourist Development Council Application for Cultural Umbrella Event Funding under section III, Proposed Event Information. Changes include scoring given to the month of the event.  This is an automatic number given to the month which the event is staged. Changes will be reflected within the Monroe County Tourist Development Council Operations Manual.

**ITEM BACKGROUND:**
TDC to approve same at their meeting of March 8, 2005.

**PREVIOUS RELEVANT BOCC ACTION:**
BOCC approved prior revisions to the application at their meeting of February 16, 2005.

**CONTRACT/AGREEMENT CHANGES:**

**STAFF RECOMMENDATIONS:**
Approval

**TOTAL COST:**_____

**BUDGETED:**  Yes ___      No ___

**COST TO COUNTY:**_____

**SOURCE OF FUNDS:**_____

**REVENUE PRODUCING:** Yes  X  No _____

**AMOUNT PER MONTH_____   Year _____**

**APPROVED BY:**    County Atty  X      OMB/Purchasing  X         Risk Management  X

**DIVISION DIRECTOR APPROVAL:** _____
(Lynda Stuart)

**DOCUMENTATION:**       Included   X         Not Required_____

**DISPOSITION:**_____        **AGENDA ITEM #_____**

Revised 2/05

## II. HISTORY OF PROPOSED EVENT

A. NUMBER OF YEARS this event has received Cultural Umbrella funds. Check one:

| | | |
|---|---|---|
| __ Never received CU funds | (5 points) | |
| __ Received CU funds 1 year | (4 points) | |
| __ Received CU funds 2 years | (3 points) | |
| __ Received CU funds 3 years | (2 points) | |
| __ Received CU funds 4 or more years | (1 point) | **1 2 3 4 5** |

B. PREVIOUS FUNDING of this event from the Monroe County Tourist Development Council and by other state or federal agencies during the last five years.

| Source of funding | Amount Requested | Amount Received | Year |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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## III. PROPOSED EVENT INFORMATION

A. MONTH(s) OF EVENT: (Please circle the appropriate month. Shoulder and off-season events will receive higher scoring. If an event takes place over a series of months causing the total for that particular score to be more than the highest applicable score of 5, the event will be assigned a score of 5.)

| | | | | | |
|---|---|---|---|---|---|
| January | ~~4~~ 2 | July | ~~4~~ 3 | Changes to | |
| February | 1 | August | 4 5 | scoring for | |
| March | 1 | September | 5 | Jan, June, | |
| April | 1 | October | 5 | July, August, | |
| May | 3 | November | ~~5~~ 4 | Nov, Dec | |
| June | ~~5~~ 3 | December | ~~5~~ 3 | | |

**1 2 3 4 5**

B. Number of days of event per year: _____

| | | | |
|---|---|---|---|
| 1 - 2 days | 1 | 40 - 59 days | 6 |
| 3 - 4 days | 2 | 60 - 79 days | 7 |
| 5 - 9 days | 3 | 80 - 99 days | 8 |
| 10 -19 days | 4 | 100 - 149 days | 9 |
| 20 - 39 day | 5 | 150 + days | 10 |